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CHARACTERIZATION OF THE POPULATION WHO MIGHT BENEFIT FROM ADDITIONAL CORONARY ARTERY DISEASE SCREENING IN NHANES

ACC Moderated Poster Contributions
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Authors: *Venkatesh Murthy, Amil Shah, Hicham Skali, Marcelo Di Carli, Brigham & Women's Hospital, Boston, MA, USA*

Background: As many as 30 million Americans at intermediate risk might benefit from screening for coronary artery disease (CAD). Recent clinical trials have increased the proportion of patients who are indicated for statin therapy. We aimed to characterize the pool of subjects at intermediate risk who do not meet guideline or trial based indications for statin therapy.

Methods: We estimated the 10-year cardiac risk in the 1999-2004 National Health and Nutrition Examination Survey (NHANES) based on the Adult Treatment Panel III risk model. In the intermediate risk category (10-20%), we sequentially identified persons with known cardiovascular disease, CAD symptoms suggesting need for diagnostic evaluation, diabetes, JUPITER trial inclusion criteria, peripheral arterial disease and those reporting statin use. The remaining persons were categorized by LDL levels.

Results: Of the estimated 26.6 million Americans classified as intermediate risk, 3.4 million (95% CI 2.1-4.6 million) do not meet criteria for statin therapy and have LDL <160 mg/dl. In this cohort, observed cardiovascular mortality was 1.2% (95% CI 0.0-3.2%) per 10 person-years of follow-up.

Conclusions: Only a small proportion of intermediate risk Americans do not meet have guideline or clinical trial indications for statin therapy. Cardiovascular mortality among this group is very low. These findings may have implications for designing clinical trials aimed at assessing the effectiveness of imaging for primary CAD screening.